

United States Attorney's Office
Eastern District of Michigan
Civil Rights Division
211 W. Fort Street - Suite 2001
Detroit, Michigan 48226
(313) 226-9100

CIVIL RIGHTS COMPLAINT FORM

Thank You for contacting the United States Attorney's Office, Civil Rights Division.

Prior to determining whether an investigation will be conducted by our office, complete information is needed concerning your complaint. Please answer the questions below:

1. Today's Date: _____
2. Name: _____
3. Address: _____
4. Telephone: _____
5. Have you ever presented a complaint or provided information to this office before?

If yes, when, and what were the circumstances? _____

6. Have you acquired an attorney? If yes, please state name and address. _____
7. What office or agency referred you to our office? _____
8. Have you contacted any other public agencies regarding this matter? _____
9. Name and address of Respondent: (party you are filing against)

Name/Badge Number: _____

Department: _____

Race _____ Sex _____ Color _____ Other (specify) _____

Housing _____ Public Accommodation

Other (specify) _____

13. Witnesses:

2.

Name	Address	Phone Number
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[illegible]

14. Did you file a police report? _____, If yes, state the date, agency and person who received the complaint. _____

Please provide a copy of the complaint, if possible.

15. Are you scheduled to appear in court? _____ If yes, when and where. _____

16. Describe in detail, the nature of your complaint. _____

[illegible]

Please submit any written materials, dates, or other documents which you think are important to your complaint. Please keep all original documents.

Signature: _____